

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>Paul</b>	MI <b>D</b>
	NICKNAME <b>Meltzer</b>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1914 W. Oak St Denton TX 76201</b>		
	<div>OFFICE USE ONLY</div> <div>Date Received <b>11/15/19</b> <b>January - June - Annual</b></div> <div>Date Hand-delivered or Date Postmarked</div> <div>Receipt #      Amount \$</div> <div>Date Processed</div> <div>Date Imaged</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(646)</b>	PHONE NUMBER <b>436 7847</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>Michael</b>	MI <b>J</b>
	NICKNAME <b>Mike Weaver</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>9612 Applewood Trl Denton TX 76207</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(940)</b>	PHONE NUMBER <b>391-9614</b>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      Month      Day      Year <b>7 / 1 / 18</b> THROUGH <b>12 / 31 / 18</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>5 / 5 / 18</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (If any) <b>Denton City Council Place 6</b>		13 OFFICE SOUGHT (If known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Paul D. Meltzer

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE  
☐ GENERAL  
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 244.40

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0 itemized

4. TOTAL POLITICAL EXPENDITURES

\$ 426.95

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 179.40  
192.07

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 12,250

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paul Meltzer

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Meltzer, this the 11th day of January, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Cody Nabil Diab

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Paul D. Meltzer

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 244.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 250
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 426.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Paul D. Melzer

3 Filer ID (Ethics Commission Filers)

4 Date

7/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Pay Pal transfer

7 Amount of contribution (\$)

190.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

Charter Communications Refund

Amount of contribution (\$)

54.50

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Paul D. Meltzer

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7/14/18

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul D. Meltzer

9 Loan Amount (\$)

250.00

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

1914 W. Oak St. Denton Tx 76201

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>Paul D. Meltzer</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/2, 8/2 9/4, 10/31/18</b>		5 Payee name <b>Google G Suite</b>			
6 Amount (\$) <b>85.28</b>		7 Payee address; City; State; Zip Code <b>Google.com</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>office overhead</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/6</b>		Payee name <b>constant contact</b>			
Amount (\$) <b>47.97</b>		Payee address; City; State; Zip Code <b>constantcontact.com</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>office overhead</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/17, 8/16 9/13, 10/16, 11/2 2018</b>		Payee name <b>FSB (First State Bank)</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>PO Box 10, Gainesville, Tx 76241</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3** 2 FILER NAME **Paul D. Meltzer** 3 Filer ID (Ethics Commission Filers)

4 Date **9/25/18** 5 Payee name **First State Bank**

6 Amount (\$) **27.00** 7 Payee address; City; State; Zip Code **PO Box 10 Gainesville, Tx 76241**

8 PURPOSE OF EXPENDITURE **Accounting Banking** (a) Category (See Categories listed at the top of this schedule) (b) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **10/23** Payee name **Post Push Media**  
**\* Delinquent bill from 1/18**  
Amount (\$) **217.34** Payee address; City; State; Zip Code **207 W. Hickory St # 312 Denton, Tx 76201**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/31/18** Payee name **Mike Weaver**  
Amount (\$) **12.67** Payee address; City; State; Zip Code **Office Depot San Jacinto Denton TX 76205**

PURPOSE OF EXPENDITURE **office overhead** Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3** 2 FILER NAME **Paul D. Meltzer** 3 Filer ID (Ethics Commission Filers)

4 Date **11/2/18** 5 Payee name **Google G suite**

6 Amount (\$) **11.69** 7 Payee address; City; State; Zip Code **Google.com**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Office Overhead** (b) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**